Walter Reed Cardiovascular Center

A Monthly Newsletter of the Cardiology Division of Walter Reed Army Medical Center

Commentary
Marina Vernalis, DO FACC

The new academic year brings the usual changes to our medical staff. MJ Rohrer has returned to Brooke AMC in San Antonio and 2 of our graduating fellows have depatured – Timothy Lee is now stationed at Ft Bragg and Phil Gentlesk is at the University of Pennsylvania for an Electrophysiology fellowship. Fortunately, Eric Elgin has stayed-on as staff. Donald Anderson is a recent addition to our staff after he converted his reserve position into an active duty position. Shortly, 4 first year cardiovascular fellows will be training.

As an update, the drug-eluting stent that reduces neointimal hyperplasia or "restenosis" following coronary artery stenting is now available at Walter Reed.

Finally, the Cardiology Division of Walter Reed was pleased to add Eddie Atwood to the staff last year. Eddie brings 20+ years of Cardiology experience and expertise. He has published in numerous journals included the New England Journal of Medicine. Most recently, he was one of the authors of the June 25th JAMA article outlining the military's experience with myopericariditis associated with the reintroduction of the smallpox vaccine*. He provides a brief summary below.

* JAMA. 2003;289:3283-3289.

Cardiovascular Update
J. Edwin Atwood, MD

Myopericarditis With Smallpox Vaccination

Background: Myopericarditis is a rare or unrecognized complication following vaccination with the vaccinia virus. The annual incidence of myocardits is 1-10/100,000 in the general population.

Results: Eighteen cases of probable myopericarditis were reported within 30 days of primary vaccination in 230,734 military members (7.8/100,000 over 30 days). Most patients presented with chest pain, ST elevation and/or elevated cardiac markers. There were no reported cases in the 95,622 revaccinees.
Conclusions: Myopericarditis should be in the differential diagnosis of patients presenting with chest pain 4-30 days following primary smallpox vaccination. This needs to be reported as a potential adverse event.

* JAMA. 2003;289:3283-3289.

Guideline Review
Daniel E. Simpson, MD FACC

Class I – General agreement that procedure/treatment is useful & effective
Class II – Conflicting evidence and/or divergence of opinion
Class III – Not useful/effective and in some cases may be harmful

Exercise Testing in Asymptomatic Persons without known CAD* – "Screening Treadmills"

Class I
None.

Class IIa
Evaluation of asymptomatic persons with diabetes who plan to start vigorous exercise.

Class IIb
1. Evaluation of persons with multiple risk factors as a guide to risk-reduction therapy.
2. Evalution of asymptomatic men older than 45 and women older than 55 who plan to start vigorous exercise (especially if sedentary) or who are involved in occupations in which impairment might impact public safety or who are at high risk for CAD due to other diseases (e.g., PVD and chronic renal failure).

Class III
Routine screeing of asymptomatic men or women.

* ACC/AHA Exercise Test Guidelines
www.acc.org/clinical/statements.htm

Cardiovascular Trials at WRAMC

CARDIASTAR
PFO closure device versus standard anti-coagulation therapy with coumadin in patients with an embolic TIA/CVA and no other etiology

Questions/Referrals: Please contact Daniel Simpson

OPTIMIZE-HF
Assessment of inpatients with CHF and/or LV dysfunction to determine if guideline treatment is appropriately implemented

Questions/Referrals: Please contact Stephen Welka